

Case 6:12-cv-00576-LED Document 11-13 Filed 09/27/12 Page 1 of 2 PageID #: 146

AO 440 (Rev. 06/12) Summons in a Civil Action

## UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

RECEIVED  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

NOV 02 2012

DAVID J. MALAND, CLERK

Blue Spike, LLC

Plaintiff(s)

v.

Audible Magic Corporation, et al

Defendant(s)

6:12CV499 LEAD

CONSOLIDATED WITH  
Civil Action No. 6:12-CV-576-LED**SUMMONS IN A CIVIL ACTION**

To: (Defendant's name and address) **TuneCore, Inc.**  
**The Corporation Trust Company**  
**Corporation Trust Center**  
**1209 Orange Street**  
**Wilmington, Delaware 19801**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: **Eric M. Albritton**

**ALBRITTON LAW FIRM**  
**P.O. Box 2649**  
**Longview, Texas 75606**

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: 9/27/12


Signature of Clerk or Deputy Clerk

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Civil Action No. 6:12-CV-576-LED

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* TuneCore, Inc.  
was received by me on *(date)* 10/02/2012.

I personally served the summons on the individual at *(place)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
a person of suitable age and discretion who resides there,  
on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_  
on *(date)* \_\_\_\_\_; or

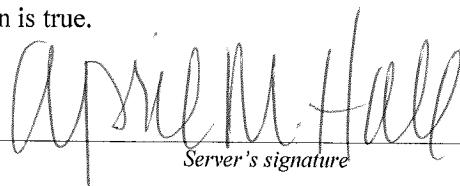
I returned the summons unexecuted because \_\_\_\_\_; or

Other *(specify)*: Certified Mail, Return Receipt Requested # 70080500000118062224

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10/26/2012

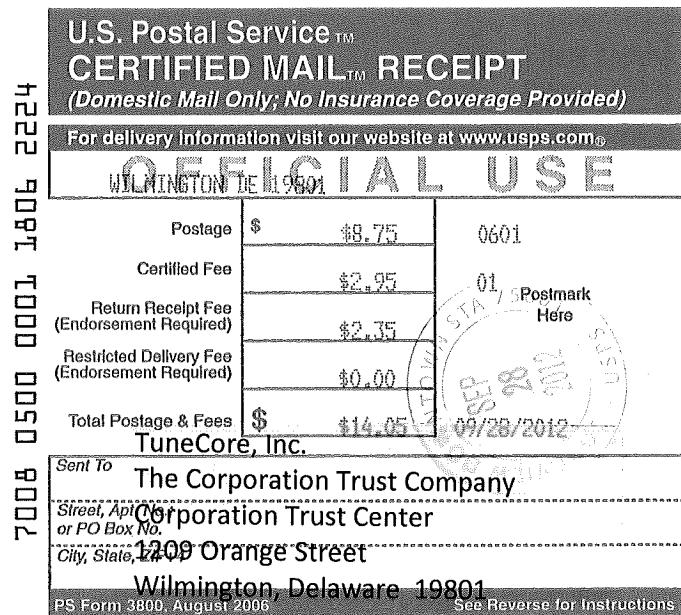
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Server's signature*

April M. Hall  
*Printed name and title*

111 West Tyler Longview, Tx. 75601

*Server's address*

Additional information regarding attempted service, etc:



<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="text"/> C. Date of Delivery <input type="text" value="Oct 02 2012"/></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="text"/></p>	
1. Article Addressed to:  <b>TuneCore, Inc.</b> <b>The Corporation Trust Company</b> <b>Corporation Trust Center</b> <b>1209 Orange Street</b> <b>Wilmington, Delaware 19801</b>		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <input type="text" value="7008 0500 0001 1806 2224"/>		